

# **EXHIBIT 7**

	Info as of: 01/04/2017			From: 01/04/2017		To: 01/04/2017						
	Customer: 0095860											
	Employee ID	Last Name	First Name	Date Last Worked	Disability Date	Benefit Start Date	Benefit Approved Through Date	Retroactive Benefit Start Date	Claim Status	Claim Status Explanation	Return to Work Date	Custom Field 2
S09	247809	BARGER	STEVE	9/1/2016	9/4/2016	9/18/2016	10/15/2016		Suspended	NEED MEDICAL/UPDATE INFO		026 S09
B25	234081			12/13/2016	12/15/2016	12/29/2016	1/2/2017		Closed	RETURNED TO WORK	1/3/2017	047 B25
B68	254265			1/4/2016	1/10/2016	1/24/2016	2/6/2016		Closed	MED UPDATE/INFO NOT RECEIVED	3/1/2016	009 B68
A79	198754			1/2/2017	1/3/2017				Pending	NEED MEDICAL/UPDATE INFO		095 A79
A79	238525			10/31/2016	11/1/2016	11/15/2016	11/29/2016		Closed	MED UPDATE/INFO NOT RECEIVED		095 A79
B12	159256			12/23/2016	12/27/2016	1/10/2017	2/7/2017		Open			026 B12
B12	188675			12/15/2016	12/16/2016	12/30/2016	1/12/2017		Open			026 B12
S09	144017			12/30/2016	1/3/2017				Decision Pending Review			026 S09

updated  
prior year

no chg

prior year - no chg

updated

updated